PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

3995

03987

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CHAPTICO
LENGTH OF STAY (in this place) 12 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL CHAPTICO
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) M. (Last) BURKE

4. DATE OF DEATH (Month) APRIL (Day) 8, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): WIDOW

8. DATE OF BIRTH: APRIL 30, 1880

9. AGE last birthday 74 yrs. IF UNDER 1 YEAR Months 11 Days 9 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JAMES BURKE

14. MOTHER'S MAIDEN NAME: ELLA O'CONNOR

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: GEORGE BOYD CHAPTICO, MARYLAND

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X

IMMEDIATE CAUSE (A) Metastatic Ca — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSE (B) DUE TO Ca of Breast — 2 years

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1954 to April 8, 1955, that I last saw the deceased alive on April 8, 1955, and that death occurred at 2:00 PM, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Leonardtown Md DATE SIGNED 4/9/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 4/12/55

NAME OF CEMETERY OR CREMATORY MT. OLIVET

LOCATION (City, town, or county) (State) WASHINGTON D.C.

DATE REC'D BY LOCAL REGISTRAR 4-11-55

REGISTRAR'S SIGNATURE Robt. J. Lackey

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

3996

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03988

Reg. Dist. No. 281

1. PLACE OF DEATH: COUNTY St Mary's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville; LENGTH OF STAY (in this place) 8 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville; STREET ADDRESS (If rural, give location) X 1

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Brown S. (Last) Carson

4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 20 1891

9. AGE last birthday: 63 yrs. If under 1 year: Months 10 Days 28 If under 24 hrs: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Asheville N.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 237-36-5649

17. INFORMANT AND ADDRESS: Louise Spears Hermanville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary embolism — Interval between onset and death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

O J Bean MD — Great Mills Md — April 20 55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4-21-55

NAME OF CEMETERY OR CREMATORY: Zion Parr

LOCATION (City, town, or county) (State): Hermanville Md

DATE REC'D BY LOCAL REGISTRAR: April 20 55

REGISTRAR'S SIGNATURE: O J Bean MD Local Registrar

24. FUNERAL DIRECTOR: Jos C Mattingley

ADDRESS: Leonardtown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03989

3997

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY ST. MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN
LENGTH OF STAY (in this place) LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS OD

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ROSA (Middle) M. (Last) CLEMENTS

4. DATE OF DEATH: (Month) APRIL (Day) 20, (Year) 1955

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW

8. DATE OF BIRTH: 2/21/1867

9. AGE last birthday 88 yrs. IF UNDER 1 YEAR Months 1 Days 30 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY: HOME

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: IGNATIUS JARBOE

14. MOTHER'S MAIDEN NAME: ANNA WATHEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO. NONE

17. INFORMANT & ADDRESS: MRS AGNES TUINMAN LEONARDTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE	(A) Pneumonia (terminal)	2 days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Senile Dementia	2 years
	DUE TO (C) Arteriosclerosis	10 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1949, to April 20 1955, that I last saw the deceased alive on April 20, 1955, and that death occurred at 8:55 P.M., from the causes and on the date stated above.

SIGNATURE [signature] M. D. ADDRESS Leonardtown DATE SIGNED 4/22/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 4/23/55

NAME OF CEMETERY OR CREMATORY ST. ALOYSIUS

LOCATION (City, town, or county) LEONARDTOWN (State)

DATE REC'D BY LOCAL REGISTRAR 4-20-55

REGISTRAR'S SIGNATURE Robt. J. Lockard

24. FUNERAL DIRECTOR JOS. C. MATTINGLEY ADDRESS LEONARDTOWN, MD.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

3998

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 03990

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Rural Compton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Wilson (Middle) Leonard (Last) Drury

4. DATE OF DEATH (Month) (Day) (Year) April 12, 1955

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	March 12,1900	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Labor
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: French Drury
14. MOTHER'S MAIDEN NAME: Florence Hayden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Alice M. Wathen 2009 37th. St. S.E. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) 816 X Fractured Skull, Fractured cervical Spine DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH indicate

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
None	None	Yes ☐ No ☑

21a. EXTERNAL CAUSE WAS PRIMARY ☑ or CONTRIBUTING ☐ CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)
	Leonardtown	St. Mary's Md

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED While at work ☐ Not while at work ☑	21f. HOW DID INJURY OCCUR?
4 12 55 4:11 P. M.		Struck another car in opposite direction

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☐, Accident ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE [signature] M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 4/13/55

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/15/55	St. Aloysius	Leonardtown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4-14-55	Robt. J. Lockey	Jos. C. Mattingley	Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03991

3999

CERTIFICATE OF DEATH

Reg. Dist. No. 26

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Great Mills
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Great Mills
STREET ADDRESS (If rural give location) X

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Samuel (Last) Dyson

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Sept 11-1884

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months 7 Days 10 IF UNDER 24 HRS.: Hours — Min. —

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer owns farm

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Samuel Dyson

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT & ADDRESS: John Elmer Dyson Waldorf Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 IMMEDIATE CAUSE	(A) Coronary thrombosis	3 hours
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) DUE TO Arteriosclerosis	3 Years
	(C)	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 2, 1955, to April 20, 1955, that I last saw the deceased alive on April 20, 1955, and that death occurred at 6.30 A M, from the causes and on the date stated above.

SIGNATURE P J Bean M.D. ADDRESS Great Mills Md DATE SIGNED 4/20/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial

DATE THEREOF: April 23 55

NAME OF CEMETERY OR CREMATORY: Holy Face

LOCATION (City, town, or county) (State): Great Mills Md

DATE REC'D BY LOCAL REGISTRAR: 4/20/55

REGISTRAR'S SIGNATURE P J Bean M.D. Local Registrar

24. FUNERAL DIRECTOR: Jos C. Mattingley ADDRESS Leonardtown Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 039282

4220

CERTIFICATE OF DEATH

Reg. Dist. No. 282

1. PLACE OF DEATH:
COUNTY ST.MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) 18DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST. MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST. MARY'S
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL LEONARDTOWN X
STREET ADDRESS (If rural give location) 1

3. NAME OF DECEASED: (Type or Print) (First) CLARENCE (Middle) JOSEPH (Last) EVANS

4. DATE OF DEATH: (Month) APRIL (Day) 2, (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: COLORED

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JUNE 5, 1909

9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR: Months 9 Days 28 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LABORER

10B. KIND OF BUSINESS OR INDUSTRY: DAY WORK

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HENERY EVANS

14. MOTHER'S MAIDEN NAME: HANNAH BEANDER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unk.) NO (If Yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 218-05-8412

17. INFORMANT & ADDRESS: SARAH TURNER LEONARDTOWN, MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442X IMMEDIATE CAUSE	(A) Gastro intestinal Hemorrage	2 Days
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO (B) Congestive heart failure	3 months
	DUE TO (C) Hypertension Cardio Vascular Renal Disease	2 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1954, to April 2, 1955, that I last saw the deceased alive on April 2, 1955, and that death occurred at 7:30P M. from the causes and on the date stated above.

SIGNATURE Wm D Bayd M. D. ADDRESS Leonardtn DATE SIGNED 4/4/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

DATE THEREOF 4/5/55

NAME OF CEMETERY OR CREMATORY ST. JOHN'S

LOCATION (City, town, or county) (State) HOLLYWOOD, MARYLAND

DATE REC'D BY LOCAL REGISTRAR 4/5/55

REGISTRAR'S SIGNATURE Robt. J. Lackey D.

24. FUNERAL DIRECTOR ADDRESS JOS.C. MATTINGLEY LEONARDTOWN, MD.

VS. A15—10-53

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4901

03993

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mechanicsville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Valley Lee
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) Jessie (Middle) (Last) Greenwell

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1955

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed

8. DATE OF BIRTH: June 18-1863

9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR: Months 9 Days 29 IF UNDER 24 HRS.: Hours — Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10B. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland St Marys

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jessie Greenwell

14. MOTHER'S MAIDEN NAME: Mary Ellen Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Mrs Bertha Jordon Callaway Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 IMMEDIATE CAUSE — (A) Coronary sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. — (B) DUE TO General arterio sclerosis — 10 years

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. —

19A. DATE OF OPERATION: — 19B. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) — 21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) — 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M. — 21E. INJURY OCCURRED While at work ☐ Not while at work ☐ — 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1946, to April 15, 1955, that I last saw the deceased alive on April 15, 1955, and that death occurred at 4 A M, from the causes and on the date stated above.

SIGNATURE AND TITLE: O J Bean MD — ADDRESS: M.D. Great Mills Md — DATE SIGNED: 4/17/55

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4-18-55 — NAME OF CEMETERY OR CREMATORY: Bethesda — LOCATION (City, town, or county) (State): Valley Lee St Mary's Md

DATE REC'D BY LOCAL REGISTRAR: April 17/55 — REGISTRAR'S SIGNATURE: O J Bean MD Local Registrar — 24. FUNERAL DIRECTOR: Jos C Wathingley — ADDRESS: Hollywood Md

VS. A15—10-53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4102

CERTIFICATE OF DEATH

03994 Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chaptico
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (Type or Print) (First) Louise (Middle) Casandra (Last) Lowery

4. DATE OF DEATH: (Month) 4 (Day) 6 (Year) 1955

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 12 / 14 / 1878

9. AGE last birthday: 76 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis H. Davis

14. MOTHER'S MAIDEN NAME: Mary Love

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: Mrs. Mary Harrison - Chaptico, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
422.1 Immediate cause	(a) Cardiac decompensation.	10 hrs
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arteriosclerotic cardiovascular dis	8 yrs
(260X)	(c) DUE TO Uremia	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, gangrene, pulmonary etc.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar, 1948, to April 6, 1955, that I last saw the deceased alive on April 6, 1955, and that death occurred at 1:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title): J Ray Gaither, M D — ADDRESS: Mechanicsville Md — DATE SIGNED: 4/6/55

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 4 / 9 / 55 — NAME OF CEMETERY OR CREMATORY: Christ Episcopal Cemetery — LOCATION (City, town, or county) (State): Chaptico, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 7, 1955 — REGISTRAR'S SIGNATURE: Robert F. Locke

24. FUNERAL DIRECTOR — ADDRESS: P.B. Robinson - Leonardtown, Maryland.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03995

4003

CERTIFICATE OF DEATH

Reg. Dist. No.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH: COUNTY ST MARY'S MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X LEONARDTOWN
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 78 ST MARY'S HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURALCALIFORNIA X
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) ROBERT (Middle) ALEXANDER (Last) McGEE

4. DATE OF DEATH: (Month) APRIL (Day) 6 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED

8. DATE OF BIRTH: JULY 21, 1882

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months 8 Days 11 IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ARMY

10B. KIND OF BUSINESS OR INDUSTRY: ENGINEER

11. BIRTHPLACE (State or foreign country): TENNESSEE

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN McGEE

14. MOTHER'S MAIDEN NAME: MARCIASUS UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES ✓ If Yes, give war or dates of WORLD WAR 1

16. SOCIAL SECURITY NO. 216-22-2794

17. INFORMANT & ADDRESS: MRS THRESA D.McGEE CALIFORNIA,MD.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

571.1 IMMEDIATE CAUSE (A) Heart failure

ANTECEDENT CAUSE (S) DUE TO jejunal ileus

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO due to adhesions of ileus involving Surgical corps

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 4.5.55

19B. MAJOR FINDINGS OF OPERATION enormously distended jejunum

20. AUTOPSY? YES ☐ NO ☑

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3.29, 1955, to 4.6, 1955, that I last saw the deceased alive on 4.6., 1955, and that death occurred at 8:10A M, from the causes and on the date stated above.

SIGNATURE Guardbaird M.D. ADDRESS Leonardtown, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL | DATE THEREOF 4/9/55 | NAME OF CEMETERY OR CREMATORY EBEANEZA | LOCATION (City, town, or county) (State) CALIFORNIA, MD.

DATE REC'D BY LOCAL REGISTRAR 4-7-55 | REGISTRAR'S SIGNATURE Robt. S. Locke

24. FUNERAL DIRECTOR Jos. C. Mattingley ADDRESS Leonardtown, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

4704

03996

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN X Patuxent River
LENGTH OF STAY (in this place) 38 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Infirmary, U. S. Naval Air Station

2. USUAL RESIDENCE (HOME) OF DECEASED: Hamilton
STATE Maryland Ohio COUNTY St. Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carver Heights Cincinnati 72 X
STREET ADDRESS (If rural give location) Avondale 3
Taylor Place 4578 Wilson Ave. ✓

3. NAME OF DECEASED: (Type or Print) (First) Gwenlyn (Middle) Eve (Last) MILLER

4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1955

5. SEX: Female

6. COLOR OR RACE: Negroid

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 27, 1955

9. AGE last birthday: -- yrs. IF UNDER 1 YEAR Months Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Newborn

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Moses (n) MILLER, Jr.

14. MOTHER'S MAIDEN NAME: Bernice MULLINS

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Moses (n) MILLER, Jr.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 776X (a) Prematurity — Interval Between Onset And Death: 38 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes No X

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-27, 1955, to 4-29, 1955, that I last saw the deceased alive on 4-28, 1955, 11:30 pm, and that death occurred at 12:38 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Sam Cassara M.D. S. CASSARA LCDR MC USNR Infirmary, USNAS PAX RIV MD 4-29-55

23. BURIAL, CREMATION, REMOVAL (Specify) burial DATE THEREOF 4/30/55 NAME OF CEMETERY OR CREMATORY St. Michaels LOCATION (City, town, or county) (State) Bridge, Maryland

DATE REC'D BY LOCAL REGISTRAR 4/29/55 REGISTRAR'S SIGNATURE P. Bean M.D. 24. FUNERAL DIRECTOR Moses (n) Miller Jr. (Father) ADDRESS

2045244302 Local Registrar Taylor Place, Carver Heights, Md.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03997

4005 **CERTIFICATE OF DEATH** Reg. Dist. No. 282

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY St Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge
LENGTH OF STAY (in this place) 50 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Ridge
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Helen (Middle) Louise (Last) Moore

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 1955

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 16-1878
9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 2 Days 11 IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10B. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Medford Hedges
14. MOTHER'S MAIDEN NAME: Emily F. Sweezy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT & ADDRESS: Charles Moore Ridge Md

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 X

IMMEDIATE CAUSE (A) Cerebral Vascular accident — 3 days

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) arteriosclerosis.

DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
21B. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21E. INJURY OCCURRED While at work ☐ Not while at work ☐
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11- , 1954, to 4-27, 1955, that I last saw the deceased alive on 4-26- , 1955, and that death occurred at 5:45 A M, from the causes and on the date stated above.

SIGNATURE James J Kelly M.D. ADDRESS Great Mills, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial
DATE THEREOF: 4-30-55
NAME OF CEMETERY OR CREMATORY: Cedar Grove
LOCATION (City, town, or county) (State): Patchogue Suffolk Co Long Island N.Y.

DATE REC'D BY LOCAL REGISTRAR: 4-27-55
REGISTRAR'S SIGNATURE: Robt. J. Locke
24. FUNERAL DIRECTOR: Jos C. Mattingly ADDRESS: Leonardtown Md

VS. A15 — 10 - 53

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4006

03998

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY ST.MARY'S; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X RURAL HOLLYWOOD; LENGTH OF STAY (in this place) 4YEARS; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY ST.MARY'S; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL HOLLYWOOD; STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANN	ELIZABETH	RUSSELL	APRIL	22,	1955

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
FEMALE	WHITE	WIDOW	1872	82 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	HOME	MARYLAND	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JONATHAN FLOYD	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	NONE	SPAULDING RUSSELL LEONARDTOWN,MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 422.1 Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis CV disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No X

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J Roy Gwynn, MD	Mechanicsville Md	4/25/55

23. BURIAL, CREMATION, REMOVAL, REMAIN	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	4/25/55	ST ALOYSIUS	LEONARDTOWN, MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/25/55	Robt. J. Lackey	JOS.C.MATTINGLEY	LEONARDTOWN,MD.

4207

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03999

CERTIFICATE OF DEATH

Reg. Dist. No. 281

Items 13,14,Film G181 6-3-55 ct

1. PLACE OF DEATH:
COUNTY St. Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X NAS,Patuxent River,Md.
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Infirmary, U.S.Naval Air Station,Patuxent River,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY St. Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Spring Ridge X
STREET ADDRESS (If rural give location) ✓
- - -

3. NAME OF DECEASED: (Type or Print) (First) Kenneth (Middle) Darwin (Last) SMITH

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1955

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1-13-17

9. AGE last birthday: 38 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USNAVY

10B. KIND OF BUSINESS OR INDUSTRY: US NAVY

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Andrew D. Smith

14. MOTHER'S MAIDEN NAME: Nell Glidden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes ✓ (If Yes, give war or dates of service) 1942-1955

16. SOCIAL SECURITY NO.

17. INFORMANT & ADDRESS: Navy Health Record

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

860X

IMMEDIATE CAUSE (A) INJURIES, MULTIPLE, EXTREME — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATELY

ANTECEDENT CAUSE (S) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: -

19B. MAJOR FINDINGS OF OPERATION - -

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) AIRCRAFT

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State) Runway #24 NAS,PAXRIV.MD.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY April 19 1955 (200PM) M.

21E. INJURY OCCURRED While at work ☒ Not while at work ☐

21F. HOW DID INJURY OCCUR? Aircraft Crash

22. I hereby certify that I attended the deceased from - , 19 -, to - , 19 -, that I last saw the deceased alive on - , 19 -, and that death occurred at 200P M. from the causes and on the date stated above.

SIGNATURE J. E. SZAKACS, LTJG, MC, USNR M. D. ADDRESS NAS,PAXRIV.,MD. DATE SIGNED 19 April 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial

DATE THEREOF 4/22/1955

NAME OF CEMETERY OR CREMATORY Arlington National Cem.

LOCATION (City, town, or county) (State) Arlington, Virginia.

DATE REC'D BY LOCAL REGISTRAR 4/21/1955

REGISTRAR'S SIGNATURE P.B.Robinson M.D. Local Registrar

24. FUNERAL DIRECTOR P.B.Robinson

ADDRESS Leonardtown, Md.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4708

CERTIFICATE OF DEATH

04000

Reg. Dist. No. .....

1. PLACE OF DEATH:
COUNTY ST MARY'S MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PINEY POINT
LENGTH OF STAY (in this place) 4 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY ST MARY'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL PINEY POINT
STREET ADDRESS (If rural give location) /

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) SWIFT

4. DATE OF DEATH: (Month) APRIL (Day) 22 (Year) 1955

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) MARRIED

8. DATE OF BIRTH: MAY 7th 1881

9. AGE last birthday 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10B. KIND OF BUSINESS OR INDUSTRY: CAPITOL TRANSIT

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN SWIFT

14. MOTHER'S MAIDEN NAME: REBECCA URON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-10-7069

17. INFORMANT & ADDRESS: MRS. CHARLES SWIFT -PINEY POINT MD

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE (A) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSE (S)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.
DUE TO (B) Coronary arteriosclerosis — 5 years
DUE TO (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 22 1955, to April 22 1955, that I last saw the deceased alive on April 22 1955, and that death occurred at 4:45P M, from the causes and on the date stated above.

SIGNATURE M. D. ADDRESS Leonardtown DATE SIGNED 4-23-55

23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL — DATE THEREOF 4/26/55 — NAME OF CEMETERY OR CREMATORY FORT LINCOLN — LOCATION (City, town, or county) PRINCE GEORGE'S (State) MD.

DATE REC'D BY LOCAL REGISTRAR 4-23-55 — REGISTRAR'S SIGNATURE Robt. F. Locke

24. FUNERAL DIRECTOR ADDRESS JOS. C. MATTINGLEY LEONARDTOWN, MD.

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

04001

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

4009

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—10-53

1. PLACE OF DEATH:
COUNTY: Saint Mary's — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): X Leonardtown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 78 St. Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Saint Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridge X
STREET ADDRESS (If rural give location): Rural

3. NAME OF DECEASED: (First) JOSEPHINE (Middle) TROSSBACH (Last) WEST

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1955

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 11 July 1888

9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10B. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Phillip Trossbach

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) *****

16. SOCIAL SECURITY NO. **********

17. INFORMANT & ADDRESS: J. Abell Longmore ::: Leonardtown, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X IMMEDIATE CAUSE (A) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSE (S)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

DUE TO (B) Generalized arteriosclerosis — 6 years

DUE TO (C) Hypertension — 30 years

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.

21E. INJURY OCCURRED While at work ☐ Not while at work ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 15 1955, to April 3, 1955, that I last saw the deceased alive on April 3, 1955, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

SIGNATURE AND M.D. P. B. Beam Md — ADDRESS Great Mills Md — DATE SIGNED April 4 1955

23. BURIAL, CREMATION, REMOVAL (SPECIFY): Burial — DATE THEREOF: 4 / 5 / 1955 — NAME OF CEMETERY OR CREMATORY: St. Michael's Cemetery — LOCATION (City, town, or county) (State): Ridge, Maryland

DATE REC'D BY LOCAL REGISTRAR: April 4, 1955

REGISTRAR'S SIGNATURE: P. B. Beam Md Local Registrar

24. FUNERAL DIRECTOR: P. B. ROBINSON — ADDRESS: LEONARDTOWN, MD.